



## SUMMER PROGRAM 2023 REGISTRATION FORM

### STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (optional, fill in the blank): \_\_\_\_\_

Incoming Grade: \_\_\_\_\_ School: \_\_\_\_\_ Pronouns:  
\_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION (NOTE: We must have complete information for at least one parent/guardian.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL INFORMATION

Medications/Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctor or in the event the designated preferred practitioner is not available by another licensed physician; and 2) the transfer of the teen to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**DEMOGRAPHICS (This section must be completed. It is necessary for the funding our organization receives. All information is kept confidential.)**

<b>Ethnicity</b>	<b>Household Income</b>	<b>Member Lives With (check all that apply):</b>	
<input type="checkbox"/> Black	<input type="checkbox"/> \$0-\$15,630	<input type="checkbox"/> Both Parents	Number of individuals in household: _____  Teen qualifies for free/reduced lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No  Language spoken at home: _____
<input type="checkbox"/> White	<input type="checkbox"/> \$15,631-\$21,060	<input type="checkbox"/> Mother(s)	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> \$21,061-\$26,490	<input type="checkbox"/> Father(s)	
<input type="checkbox"/> Latino	<input type="checkbox"/> \$26,491-\$31,920	<input type="checkbox"/> Step Mom	
<input type="checkbox"/> Asian	<input type="checkbox"/> \$31,921-\$37,350	<input type="checkbox"/> Step Dad	
<input type="checkbox"/> Native-American	<input type="checkbox"/> \$37,351-\$42,780	<input type="checkbox"/> Grandparent(s)	
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> \$42,781-\$48,210	<input type="checkbox"/> Guardian(s)	
<input type="checkbox"/> Other	<input type="checkbox"/> \$48,211-\$53,640	<input type="checkbox"/> Foster Family	
	<input type="checkbox"/> \$53,641 +	<input type="checkbox"/> Other	

**PHOTO RELEASE:**

Yes     No    I give my permission for EDGE Teen Centers to use photos and/or videos that include my student on its social media sites and website, and in publications, printed materials and local media.

**TRANSPORTATION RELEASE:**

Yes     No    I give my permission for EDGE Teen Centers to transport my student to and from EDGE@East and the designated location(s) for which they signed up to attend.

**SIGNATURES NEEDED:**

**TEEN - CODE OF CONDUCT**

By signing below, I (student) acknowledge that I:

- 1) Have reviewed the *EDGE Teen Center Code of Conduct* and agree to abide by it. This document can be found online at [www.edgeteencenter.com](http://www.edgeteencenter.com) at the top of the Enroll & Pay Fees page.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENT SIGNATURE**

By signature below, you acknowledge your awareness of the scope of activities in which your child will participate. Our adult volunteers and staff will take reasonable steps to ensure the teen's safety. However, there is always a risk in transporting youth from one venue to another. Your teenager has your approval, as a parent or legal guardian, to participate fully in all Summer @EDGE activities.

You knowingly take responsibility for and voluntarily assume all risks of your teen participating in any of the Summer @EDGE Program Activities, and further agree to indemnify, release, agree not to sue, and fully discharge EDGE Teen Center and all of its directors, officers, employees, volunteers, and agents, as well as other program participants and their parents/guardians, from any and all liability, claims, and demands of whatever kind of nature, in law or in equity, which arise or may hereafter arise from my teen's attendance at and participation in any of EDGE Teen Center's activities.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_